

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10591,298

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7		6		1		
8		6		1		
9		6		1		
10		6		1		
11		8		1		
12		8		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		8		1		
18		8		1		
19		8		1		
20	1		1			
21		1		1		
22		2		1		
23		8		1		
24		8		1		
25		8		1		
26		8		1		
27		8		1		
28		8		1		
29		8		1		
30		8		1		
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35		1		1		
36		2		1		
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49						
50						
TOTAL IND.	8	↓	8	↓		↓
TOTAL DEP.	49	←	28	←		←
TOTAL CLAIMS	57		36			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						